-		Territorial Board of Health
	Arizona	I CTILOTIAL DOLLU OF TICKER
	PLACE OF DEATH BUR	EAU OF VITAL STATISTICS
·	COUNTY Creling ORIG	INAL CERTIFICATE OF DEATH
	Q a la Ment	COUNTY REGISTERED NO. 2
1	DISTRICT	
	TOWN Do fla no alumis of	tution, give its NAME justead of street and number.)
(OR CITY (If death occurred in a Hospital or Insti	1
Ì	FULL NAME	Shuson
4	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH
1101	THE PARTY OF THE P	DATE OF DEATH MON 191
rrec	White Indian MARCHED	(Month) (Day) (Year)
returnea for correction.	Symull Black Comese or DIVORCED	I hereby certify, that I attended deceased from
9	DATE OF BIRTH While 18 1890	2 - / that I last saw in the saw
, airi	(Month) (Day) (Year)	on 191 and that death occurred on the date
Ter	AGE If less than 1 day,	stated above at 6 . M.The DISEASE or INJURY causing Death
92	20 yrs days hrs., or min.	was as follows:
TILLA.)) Trade, profession or hours work	al .
; atte8	(b) General nature of industry, business, or establishment in	7-8
ceruncates	which employed (or employer)	(Duration) yrs mos days
cer	BIRTHPLACE (State or country)	Was distant contracted in Arizona?
Incorrect	Ungma	If not, where?
100	FATHER OF Sarane	CONTRIBUTORY
<u> </u>	o BIRTHPLACE OF	(Duration) vrs. most days.
٠.	FATHER (State or country)	The state of the s
	MAIDEN NAME C. C. C.	(Signfri)
	BIRTHPLACE OF	(Address)
	MOTHER (State or country)	*In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	LENGTH OF RESIDENCE
	(Informant) Mr. how to men	At place of death yrs mos Arizona
	Re- State Comis	Former or Usual Residence
	(Address) PATE OF BURIAL OF REMOVAL	Filed 3 / 9 191/ Haylester Tocal Registrar
	PLACE OF HORDAL OR KENOVAL DATE OF BURIAL OR KENOVAL	O Delinel
	ADDRESS (Filed 7/10// 191 County Registrar.
	UNDERTAKER	